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9561 7590 09/10/2008  
**POPOVICH, WILES & O'CONNELL, PA**  
**650 THIRD AVENUE SOUTH**  
**SUITE 600**  
**MINNEAPOLIS, MN 55402**

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Jodi Jung (Depositor's name)	
<i>Jodi Jung</i> (Signature)	
December 9, 2008 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/805,165	03/18/2004	Edgardo Costa Maianti	DID1047US	7387

TITLE OF INVENTION: DEVICE AND METHODS FOR PROCESSING BLOOD IN EXTRACORPOREAL CIRCULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CRAIG, PAULA L	3761	422-046000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Popovich, Wiles & O'Connell, P.A.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
	3 _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Sorin Group Italia S.r.l.

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Mirandola (MO), Italy

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-2312 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 12/19/08

Typed or printed name Terry L. Wiles

Registration No. 29,989

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